



Tucson Fire Department

Cadet Program Application

Please type or print clearly.

Name:		Date of Birth:	Age:
Home Address:			
City:		State:	Zip Code:
Home Phone:		Emergency Phone:	
Name of School Attending:		Previous year completed:	
Applicants Signature:		Date:	
Parent / Guardian Signature:		Date:	
COUNSELOR SECTION			
Please Circle One: Strongly Recommend Recommend Conditional			
Comments by the Counselor:			
Counselor's Signature:		Date:	
Mail the completed application to: Tucson Fire Department Cadet Program 10001 S. Wilmot Road Tucson, AZ 85706		Application Due Date: April 15, 2005 By 5:00 p.m.	

Application continued on reverse side

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